



Volunteer Application

DCR Site: _____

Last Name	First Name	Middle Name
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☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr.

Preferred nickname: _____

Street Address		Apartment #
City	State	Zip
Home Phone	Business Phone	E-mail Address
Social Security # (Optional)	Birth Date (Optional)	Drive License # and State (optional)

INTEREST:

What are you interested in doing? _____

List relevant interest, hobbies, and skills: _____

List areas of study, degree, training, or certificates related to volunteering:

EMPLOYMENT INFORMATION:

☐ Employed ☐ Retired ☐ Student

Employer / School Name _____

Occupation _____

Address _____

City / State / Zip _____

REFERENCES: List 3 persons not related to you who know your qualifications.

Name	Relationship	Phone
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

For Office Use

VOLUNTEER AREA: (check all that apply)

☐ Visitor Services (visitor center, programs)

☐ Maintenance (buildings, grounds)

☐ Resource Management (trails)

☐ Administrative / Office

☐ Special Events

☐ Skilled Labor

☐ Environmental Education

☐ Other Parks _____

Check with park for specific needs.

VOLUNTEER AVAILABILITY: (check all that apply)

1) Summer ☐ Fall ☐ Winter ☐ Spring ☐

2) Sat ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐

3) Morning ☐ Afternoon ☐ Evening ☐

4) Special Project / Event ☐ _____

MEDICAL INFORMATION: Describe any medical conditions that might affect your ability to perform volunteer duties.

Person to Notify in case of emergency: Name _____
Phone _____ Relationship _____
Address _____

AGREEMENT:

- 1) I AGREE TO VOLUNTEER MY TIME AND TALENTS TO ASSIST THE Virginia Department of Conservation and Recreation in carrying out its mission to conserve Virginia natural and recreational resources.
- 2) I understand that I will not receive any compensation and that I am not eligible for the benefits offered to state employees. I understand that my volunteer services to DCR will be considered as legitimate job experience when applying for a related classified state position.
- 3) I understand that while on duty, I am covered by secondary medical insurance provided by DCR.
- 4) I understand that with proper notification either I or DCR may cancel this agreement at any time.
- 5) I have reviewed the Department of Conservation and Recreation's Volunteer Handbook and understand and will comply with all rules, policies, and regulations.
- 6) I agree to:
 - Complete the duties that I am assigned to the best of my ability.
 - Arrive on time and notify staff when I am unable to work the shift of hours I had planned.
 - Be courteous and respectful to the public, volunteer, and staff.
 - Share my ideas for improving the program area in which I work, but understand that not all ideas can be Implemented.
- 7) DCR agrees to:
 - Treat you with respect and courtesy.
 - Provide necessary training to do your assignments.
 - Provide a safe working environment.
 - Offer you the benefits that have been developed for volunteers.

By signing below, I acknowledge that I have read and agree to abide by the above statements.

Signature of Volunteer

Date

PARENTAL / GUARDIAN CONSENT: (to be completed if volunteer is under age of 18)

I affirm that I am the parent / guardian of the below named volunteer. I understand that the Virginia Department of Conservation and Recreation does not provide compensation, except as otherwise provide by law, and that the Division will not confer on the volunteer the status of a state employee. I have read the attached description of the work that the volunteer will perform. I hereby voluntarily assume all risks of accident or injury and release the Department from liability for personal injury or damage of any kind.

I give my permission for _____ to participate in the volunteer program
(Minor's name)
at _____ from _____ to _____
(Park Name) (Date) (Date)

(Parent or Guardian Signature)

(Date)

(Park Official's Signature)

(Date)

(Printed Name)